EXTENSION OF TERM

| 3. | The procapply. | ceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 | | | | | | | | |
|------|----------------|--|-----------------------------|----------------------------------|--|--|--|--|--|--|
| | аррту. | (complete (a) or (b), as applicable) | | | | | | | | |
| | (a) _ | Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) | | | | | | | | |
| | | Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) | | | | | | |
| | | first month | \$ 120.00 | \$ 60.00 | | | | | | |
| | | second month | \$ 450.00 | \$ 225.00 | | | | | | |
| | | third month | \$ 1,020.00 | \$ 510.00 | | | | | | |
| | | fourth month | \$1,590.00 | \$ 795.00 | | | | | | |
| | | fifth month | \$2,160.00 | \$1,080.00 | | | | | | |
| | | | Fee: | \$ | | | | | | |
| If a | tion therefor. | | | | | | | | | |
| | | (Check and complete the next item, if applicable) | | | | | | | | |
| | | An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. | | | | | | | | |
| | | Extension fee due with this request \$ | | | | | | | | |
| | OR | | | | | | | | | |
| | (b) <u>X</u> | Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

FEE FOR CLAIMS

| 4. | The fee | for cla | ims (37 (| C.F.R. 1.16(b |)-(d)) has t | oeen calculated as s | hown | | | | | |
|--------|-------------|---|------------------|---------------------------------------|-------------------|--|----------------------------|---------------------------|--|--|--|--|
| | (Col. 1) | | | (Col. 2) | | SMALL ENTITY | OTHER THAN SMALL ENTITY | | | | | |
| | REMA AF | AIMS AINING TER DMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL. RATE FEE | OR | ADDITIONAL RATE FEE | | | | |
| TOTAL | | | MINUS | | = | x \$25.00 = \$ | | x \$50.00 = \$ | | | | |
| INDEP. | | | MINUS | | = | x \$100.00 = \$ | | x \$200.00 = \$ | | | | |
| | FIRS | Γ PRESEN | TATION OF | MULTIPLE DEP. | CLAIM | + \$180.00 = \$ | | + \$360.00 = \$ | | | | |
| | | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONA FEE \$ | | | | |
| | (a) | \boxtimes | No add | itional fee fo | r Claims is | required | | | | | | |
| | | | | | OR | | | | | | | |
| | (b) | | Total a | dditional fee | for claims | required \$ | | | | | | |
| | | | | FEE | PAYMEN | T | | | | | | |
| 5. | | Attached is a check in the sum of \$ | | | | | | | | | | |
| | | Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached. | | | | | | | | | | |
| | | | | FEE D | EFICIEN | CY | | | | | | |
| 6. | \boxtimes | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384. | | | | | | | | | | |
| | AND/OR | | | | | | | | | | | |
| | \boxtimes | If any 2384. | addition | al fee for cla | ims is requ | ired, charge Deposi | it Acc | ount No. 01- | | | | |
| 7. | | Other: | | | | | | | | | | |
| | | | | | Eric Reg AR | Evel Evelope T. Krischke gistration No. 42,76 MSTRONG TEAS Metropolitan Square | 9 DALI | | | | | |

St. Louis, MO 63102 314-621-5070